

Uniform Application for Individual Producer License/Registration

(Please Print or Type)

Check appropriate box for license requested.

- Resident License
- □ Non-Resident License
 - Identify Home State: ______

			De	emogra	phic Info	ormatio	n						
① Soc. Security Number				2) If assigned, National Producer Number (NPN)									
	FINRA Individual	Central Registration	Depository ((CRD)									
Number													
4 Last Name JR./SR. etc			(5)	5 First Name			6 Middle Name			7 Date of Birth			
										(month)	(month) (day) (year)		
Residence/Home Address (Physical Street)				9 City			10 State			11) Zip Code	12 Foreign Country		
13 Home Phone N	umber	Gender (Circle C Male Female	One) (15		a Citizen o						-		
() -		Yes No (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)											
6 Business Entity	Name												
17 Business Addre	ess (Physical Street)	18 P.O. Bo	ox	19City		20	State		21) Zip Code	22 Foreign Country		
3 Business Phone Number (include extension) 24 Business Fax Number () -			ımber		25) Busine	ess E-Mail	Address			Business W	eb Site Address		
() -	::: A 11		OD D		O Cito			C4-4-	607:	. C-1-	6 F		
27 Applicant's Ma	iling Address		28 P.O. Bo	OX	29 City		30)) State	31) Zi _I	Code	②Foreign Country		
33) a. List any othe	r assumed, fictitiou	ıs, alias, maiden or tra	de names w	vhich vou	have used i	in the past.			1				
				-		_							
b. List any trade	e names under wni	ch you are currently d	oing busine	ess or inter	na to ao bu	siness.							
(May be subje	ect to state approva	1)											
			Agency										
(34) List your Insura	ance Agency Affili	ations: (Complete onl	y if the appl	licant is to	be license	d as an act	ive mem	ber of the	busines	s entity)			
FEIN NPN Name of Agency													
FEINNPN				Name of Agency									
FEIN		NPN		Name of	f Agency _								
				Emplo	yment H	listory							
			ployment ex	xperience	starting wi		rrent em	ployer wo	orking ba	nck five years. In	nclude full and part-time		
work, self-employ	ment, military serv	vice, unemployment a	nd full-time	education	n.	Fro	m	Т	0				
						Month	Year	Month	Year	F	Position Held		
Name													
City	State	Foreign	Country										
Name	G		<u> </u>							-			
City	State	Foreign	Country						1				
Name	644	T*	Court										
City	State	Foreign	Country						1				
Name City	State	Farcian	Country						<u> </u>	-			
City	State		•										
		(State	Use)										



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Jurisdiction and Type of License Requested																	
Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.																	
License Types: A – Agent			\mathbf{B} – Broker			P - Producer			SLP – Surplus Lines Producer								
Lines of Authority: V – Variable Life/Variable Annu		uity	ity L – Life			H – Accident & Health or P Sickness		& P –	P – Property C –		Casualty F		PL – Personal Lines				
Limited Lines:	ed Lines: Credit—Credit CR — Car Rental CROP - Crop T — Tra			_		O – Other: Specify Type											
			e Type			Maj		s of Autl	hority			L	imited Lines	of Aut			
Jurisdiction AK	A	В	P	SLP	V	L	Н	P	С	PL	Credit	CR	CROP	T	S	0	
AL																	
AR																	
AZ CA																	
CO																	
CT DC																	
DE FL																	
GA																	
GU HI																	
IA																	
ID IL																	
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MS MT																	
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Background Information		
The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.		
1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?	Yes	No
Note: "Crime" includes a misdemeanor, a felony or a military offense.		
You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.		
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.		
If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident,		
b) a copy of the charging document,		
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.		
If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A Yes No		
If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A Yes No		
2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?	Vac	No
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	Yes	NO
If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.		
3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others	Yes	No
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.		
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	Yes	No
If you answer yes, identify the jurisdiction(s):		
5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes	No
If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.		

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the appreference the National Insurance Producer Registry web site at www.nipr.com.	lication,	please
 6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents. 	Yes	No
7. Do you have a child support obligation in arrearage?	Yes	No
If you answer yes, a) by how many months are you in arrearage? b) are you currently subject to and in compliance with any repayment agreement? c) are you the subject of a child support related subpoena/warrant? (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)	Yes Yes	
8). In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?		
If you answer yes		
Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?	Yes	No
Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.		

Applicant's Certification and Attestation

38) The Applicant must read the following very carefully:

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that
 submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of
 the license and may subject me to civil or criminal penalties.
- 2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- 5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
- 8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year	
Original Applicant Signature	
Full Legal Name (Printed or Typed)	

Attachments



The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- 1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
- 2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

State of WEST VIRGINIA RESIDENT INDIVIDUAL LICENSE CHECKLIST

Specific Questions? Please contact:

Agents Licensing & Education (304 558-0610); agent.licensing@wvinsurance.gov

Electronic applications are accepted at www.NIPR.com.

Paper Application: Complete & sign the NAIC Uniform Application for Individual License.

Fee: The licensing fee is \$50.00 except for the Surplus Lines fee of \$200. Payable by check (personal or business) or money order to the West Virginia Offices of the Insurance Commissioner.

Attachments:

If applicable, Letter of Clearance. Pre-Licensing Course Completion Certification and Original PearsonVue Score Report(s) are no longer required but may be provided with the application for faster processing.

Letter of Clearance:

If moving to West Virginia from another state where a resident license was held, you must apply within 90 days of the date the license in the previous state was cancelled to be exempt from being required to complete pre-licensing education and testing. Reciprocity is only allowed for those lines of authority held in the previous home state.

Sign application and mail with fee and any additional required items to:

REGULAR MAIL:

WV Offices of the Insurance Commissioner Agents Licensing & Education PO Box 50541 Charleston WV 25305-0541

OVERNIGHT ADDRESS:

WV Offices of the Insurance Commissioner Agents Licensing & Education 1124 Smith St. Charleston WV 25301

Appointment Requirements: No initial appointment is required with the application for license. Appointments must be submitted by insurance companies (electronically thru NIPR or, if paper, form WVAT located at www.wvinsurance.gov under Agent Licensing, Forms) within fifteen days from the date the agency contract is executed or the first insurance application is submitted.

Producer Renewal Information: Producer licenses are effective for a minimum of two (2) years. Licenses expire on the last day of the producer's birth month. The expiration date will be listed on your producer license. Renewal notices will be mailed to producers prior to the expiration date.

Surplus Lines Renewal Information: Surplus licenses expire May 31st, ANNUALLY.

Notification of Licensure: Licensees do not receive notification of licensure. At the homepage of the website (www.wvinsurance.gov) scroll down to SBS links and select licensee lookup. After entering in the name in the search criteria, if licensure has been granted the name will appear with a national producer number. To print out the license select SBS Connect License print from the SBS Links box and enter in the identifying information.

Questions: Contact the Agents Licensing & Education at (304) 558-0610.

Access the West Virginia Offices of the Insurance Commissioner at http://www.wvinsurance.gov.

Access West Virginia Code at http://www.legis.state.wv.us

Access West Virginia Code of State Rules at http://apps.sos.wv.gov/adlaw/csr/